

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

RECEIVED

PLAINTIFF
UNITED STATES OF AMERICACOURT CASE NUMBER
03-53EDEFENDANT
Real Property Known and Numbered As 1216 East 38th St., et al.1003 DEC -8 A 8:00
TYPE OF PROCESS
DESTROY PROPERTYSERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SEE BELOW

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

MARY MCKEEN HOUGHTON
ASSISTANT U.S. ATTORNEY
633 U.S.P.O. & COURTHOUSE
PITTSBURGH, PA 15219
(412) 644-6750

OCT 24 2006

U.S. DISTRICT COURT
PITTSBURGH, PANumber of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated September 8, 2003, please destroy the drug paraphernalia.

Signature of Attorney, other Originator requesting service on behalf of:

Mary McKeen Houghton☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

412-894-7398

DATE

12/3/13

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No.

District to
Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

09/14/2006 11:38

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

Th. L. Fuller

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

Asset ID# 03-DEA-418382, 03-DEA-418387, 03-DEA-418388

*See remarks in attached order of destruction
of drug paraphernalia***PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00